DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH CHILD CARE FACILITY **INSPECTION REPORT** ESTABLISHMENT NAME: WORLD OF WONDER CHILD (ARE & LEARNING CENTER GRADE REASON Inspection Date: 2/14/2019 Regular Time In/Out: OWNER/OPERATOR: Follow-Up 0 DIZON, MYNETTE G LOCATION: TOWN CENTER Establishment Type: SVITE 1050 8 106 C CHALAN PALE RAMON HATA YIGO CCC/NURSERY Complaint 10:50 11:25 AM RATING Investigation Other: Sanitary Permit No.: 20000-180214 PERMIT STATUS: _ V Valid ____ Temporary _____Expired No. of Children: 4 Male 9 Female 25 Total Child Care License: No.: 180214 / / Valid / / Provisional / / Expired The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date. ITEM* **REMARKS** DEMERIT CORRECT BY REGULAR INSPECTION WAS CONDUCTED INSPECTION CONDUCTED ON 12/10/18: (O, A) FOLLOWING WAS OBSERVED: WO VIOLATIONS. PLACARD # 12137 SSVED DIC BRITEFED ON THE ABOVE.

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

*Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:

Received By (Name & Title): Kamerine Acosta Director & Callex

DEH Inspector (Name & Title):

(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40). C. TAKASE EPHOL